WELL PLUGGING RECORD STATE OF KANSAS STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER 15-095-20,269-AOOO/ 200 Colorado Derby Building LEASE NAME LECHNER Wichita, Kansas 67202 WELL NUMBER- 2 - OWWO TYPE OR PRINT NOTICE: Fill out completely and return to Cons. Div. 1540 Ft. from S Section Line office within 30 days. 770 Ft. from E Section Line LEASE OPERATOR MOLZ OIL COMPANY SEC. 25 TWP. 30 RGE. & WKEXOT/(W) ADDRESS RR 2, Box 54, Kiowa, KS 67070 COUNTY Kingman PHONE#(316\_\_296-4558\_OPERATORS LICENSE NO. \_\_6006\_\_\_\_ Date Well Completed \_\_5/17/91 Plugging Commenced 5/17/91 Character of Well D & A (OII, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 5/17/91 The plugging proposal was approved on 5/17/91 - 4:30 PMby \_\_\_\_\_ Jack Luthi (KCC District Agent's Name). is ACO-1 filed? Yes If not, is well log attached? Producing Formation D&A Depth to Top Bottom T.D. 655(no log) Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content | From To Size Put in Pulled out Old\_hole 8-5/8 240 none Describe in detail the manner in which the well was plugged, indicating where the mud 奸心中心下来 placed and the method or methods used in introducing it into the hole. If cement Aprocather placed in introducing it into the hole. were used, state the character of same and depth placed, from\_feet to\_\_\_feet each set. 35 sk @ 650' 40/60 poz 4% gel 80 sk 300' to surface Plug down 5/17/91 11 PM <u>by B. J. Tital #648586</u> CONSERVATION DIVISION (If additional description is necessary, use BACK of this form.) Wighita, Kansas Name of Plugging Contractor ALLEN DRILLING COMPANY License \$12.54 18.000 RECEIVED 6-12-91 Address POBox 1389, Gt.Bend, KS 67530 JUN 1 2 1991 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Molz Oil Company OULGER! ATION DIVISION COUNTY OF Barber STATE OF Kansas Wichita, Kasaas Jim Molz (光页KKyyye) XXXX XXX XXXXX (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God. (Signature) (Address) R.R.#2, Box B. ANN LEADER NOTARY PUBLIC

STATE OF SHARES BED AND SWORN TO before me this \_\_\_\_ 7th day

My Commission Expires: 4-12-93

My Appt. Exp. <u>4-12-</u>93

Form CP-4 Revised 05-88

June ,19 91

Notary Public